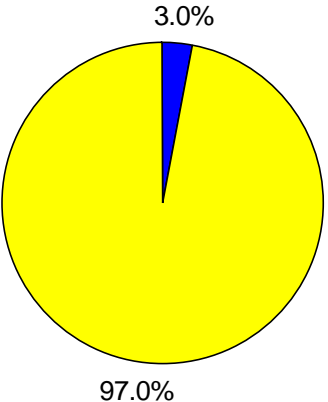


# Fairfax-Falls Church Community Services Board

## 106-19-Early Intervention for Infants and Toddlers (Part C)

| Fund/Agency: 106                                    | Fairfax-Falls Church Community Services Board |  |
|---|---|--|
| Personnel Services                                  | \$1,591,619                                   | <p style="text-align: center;"><b>CAPS Percentage of Agency Total</b></p>  <p style="text-align: center;">3.0%</p> <p style="text-align: center;">97.0%</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <span style="color: blue;">■</span> Early Intervention for Infants and Toddlers (Part C)<br/> <span style="color: yellow;">■</span> All Other Agency CAPS         </div> |
| Operating Expenses                                  | \$1,675,198                                   |  |
| Recovered Costs                                     | \$0   |  |
| Capital Equipment                                   | \$0   |  |
|   |   |  |
| <b>Total CAPS Cost:</b>                             | <b>\$3,266,817</b>                            |  |
|   |   |  |
| Federal Revenue                                     | \$626,046                                     |  |
| State Revenue                                       | \$3,125                                       |  |
| User Fee Revenue                                    | \$274,876                                     |  |
| Other Revenue                                       | \$0   |  |
|   |   |  |
| <b>Total Revenue:</b>                               | <b>\$904,047</b>                              |  |
|   |   |  |
| <b>Net CAPS Cost:</b>                               | <b>\$2,362,770</b>                            |  |
|   |   |  |
| Positions/SYE involved in the delivery of this CAPS | 26/25.75                                      |  |

### ► CAPS Summary

**Early Intervention Services** is provided by the Fairfax-Falls Church Community Services Board (CSB), as mandated by Part C of the Individuals with Disabilities Education Act (IDEA).

- Infants and toddlers are eligible for Part C services due to the following: a diagnosed disabling condition that will result in developmental delays, a delay of 25 percent or more in at least one area of development, or atypical development.
- The purpose of early intervention services for infants and toddlers with developmental delays and their families is to facilitate child development and enhance families' abilities to meet their children's developmental needs.

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- Part C requirements include: free multidisciplinary evaluation to families who are concerned about their children's development; the development of an Individualized Family Service Plan (IFSP) for each child found eligible for services; service coordination; provision of services listed on the IFSP; and transition planning for when a child is either no longer eligible for services or reaches his or her third birthday.
- Part C also requires that children be served in "natural environments," that is where children would be if they didn't have developmental disabilities. Therefore, almost all services are provided in the home and daycare centers.

Services listed on each family's IFSP plan are provided through Early Intervention Services (EIS), the Daytime Development Center (DDC), or a contract with a private provider group.

- EIS provides intake, service coordination, family support, and transition planning. Among the services provided are coordination of the evaluation, development of the IFSP, provision of identified services, and transition planning to public preschool services and/or other community resources.
- The DDC and private contractor provide physical, occupational, and speech therapies; infant education; social work; nutrition services; assistive technology; and other services listed under Part C in Federal and State law. Services are provided directly to families or in consultation with service providers.
- Translation services for individual sessions and documents are also provided to families whose primary language is not English.
- Services are provided to children based on the needs identified in an IFSP. Individualized services are provided to the infants and toddlers in individual sessions and through professional consultation.
- Instruction for parents and/or other caregivers is an important component of each individual session.
- Services must be provided in natural environments unless there is justification for not doing as documented in the IFSP.

EIS staffs the Fairfax-Falls Church Interagency Coordinating Council (FFICC), an advisory and oversight body required by Federal and State regulations. The Council is comprised of two entities: the Executive Committee responsible for fiscal and policy decisions, and the Advisory Committee. Private providers, community representatives, and representatives from a wide variety of social agencies and the schools participate on the FFICC. In keeping with EIS's commitment to family empowerment, five parents participate as voting members of the Executive Committee and seven parents participate on the Advisory Committee. All parents either have, or have had, a child receive services through EIS.

EIS also staffs a Parent Advisory Board (PAB) that helps identify issues related to day-to-day operations. The PAB is comprised of staff from EIS, DDC, and the private contractor, and eight parents of children currently receiving services.

EIS is also responsible for data management; quality assurance; staff training; information and referral; community education and training; management of contracts with private providers; management of contract with the State for continuing participation in Part C; and collaborative interagency planning and implementation.

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EIS works closely with the schools to ensure timely and smooth transitions for children older than two found eligible for preschool special education services under Part B of the IDEA.

### **Quality Assurance and Staff Development**

For information on CSB's comprehensive Quality Improvement (QI) Plan, Risk Management Plan, and CSB-wide training and staff development initiatives, please refer to the Overview section.

### **Accomplishments**

- During FY 2001, EIS served over 950 families and had 610 new admissions. Most of these children were found eligible for Part C services, had IFSPs developed or reviewed during the year, and received ongoing services as stated in their IFSPs.
- Revenue from third-party sources and families increased.
- A video explaining our services was developed, filmed, and shown on Channel 16.
- A representative from EIS participated in an educational outreach event for nurses at Fairfax Hospital, the EIS booth at the Fairfax Fair, and community events throughout the County.
- To better support families' need for respite services, a resource guide to respite services and a website to connect families and service providers were developed. The website was developed through a collaborative contract with the Association for Retarded Citizens of Northern Virginia.
- EIS, the DDC, and a private contractor all participated in a successful pilot developed by the State on providing family-centered services.

### **Funding Sources**

Funding sources include Fairfax County; the Federal Early Intervention Part C grant; a State match to the Federal grant from DMHMRSAS; and fees from clients and insurance companies.

### **► Trends/Issues**

The number of children and families served by EIS has steadily increased, and the increase is expected to continue. From 1996 to 2000, the number of children served by EIS has increased over 72 percent, from 542 to 933. The population of families served continues to grow more culturally and linguistically diverse, increasing the need for translators and interpreters. As more medically fragile children live longer, EIS serves more children with complex medical and developmental needs. Serving children in their natural environments also increases the need for staffing and supervision.

Collection of third-party insurance and Medicaid will become more challenging in a managed-care environment. EIS will continue to focus on expanding the insurance networks in which it participates in order to increase the revenue from those sources.

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In FY 2002, EIS will be working with multiple private providers. The change in the number of private providers will also require a change in the infrastructure of EIS in order to manage multiple contracts while assuring the quality of services and family satisfaction with those services.

### **Participant Characteristics**

Participants include infants and toddlers from birth to three who have either a disabling condition, atypical development, or a developmental delay of more than 25 percent in one or more areas of development, and their families.

The children and families served come from many cultures and languages and are reflective of the cultural diversity found in the school system.

In the 1997 Lines of Business exercise, the Early Intervention for Infants and Toddlers (Part C) line of business was included in Mental Retardation Prevention and Early Intervention Services. It is presented as a separate CAPS to reflect the specialized nature of these services

### **► Method of Service Provision**

One-third of the Early Intervention Services program is operated by the County, and two-thirds are operated through contracts with private provider groups.

Hours of Operation: Although the office hours for Early Intervention Services are Monday through Friday from 8:00 a.m. to 4:30 p.m., the actual schedule is flexible to be responsive to the needs of families. Families and service providers make individual arrangements for services.

### **► Performance/Workload Related Data**

| <b>Title</b>   | <b>FY 1998<br/>Actual</b> | <b>FY 1999<br/>Actual</b> | <b>FY 2000<br/>Actual</b> | <b>FY 2001<br/>Estimate</b> | <b>FY 2002<br/>Estimate</b> |
|--|---------------------------|---------------------------|---------------------------|-----------------------------|-----------------------------|
| Persons Served   | 817                       | 879                       | 933                       | 950                         | 1,000                       |
| Percent satisfied with early intervention services                     | 95%                       | 90%                       | 93%                       | 90%                         | 90%                         |
| Percent of transition objectives successfully implemented for children | 100%                      | 100%                      | 97%                       | 95%                         | 95%                         |

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### ► Mandate Information

This CAPS is Federally or State mandated. The percentage of this CAPS' resources utilized to satisfy the mandate is 76-100%. The specific Federal or State code and a brief description of the code follows:

- Part C of Federal law, the Individuals with Disabilities Education Act (IDEA), 34 CFR (Code of Federal Regulation) - Section 303 mandates provision for early intervention services for infants and toddlers (ages 0-36 months) with disabilities and their families.

### ► User Fee Information

| Subobject Code  | Fee Title   | FY 2002 ABP Fee Total        |
|---|---|------------------------------|
| N/A   | FY 2002 Fairfax-Falls Church Interagency Coordinating Council (FFICC) Schedule of Fees.   | \$274,876                    |
| Current Fee   |   | Maximum Allowable Fee Amount |
| Once the treatment plan is determined, the fees for services will be set according to the FY 2002 FFICC Fee Schedule.     |   | N/A                          |
| <b>Purpose of Fee:</b><br>Fees are charged to offset the cost of providing treatment services.                            |   |                              |
| Levy Authority  | Requirements to Change the Fee  | Year Fee Was Last Adjusted   |
| <u>Code of Virginia</u><br>Chapter 10,<br>37.1-197(7)   | The FFICC Schedule of Fees is reviewed and established annually by the FFICC and submitted to the Board of Supervisors.<br><br>The client or other legally responsible party is responsible for paying the full fee for services. A client or other legally responsible party who is unable to pay the full fee may request a subsidy, supplemental subsidy and an extended payment plan. | 2001                         |
| <b>Other Remarks:</b><br>In January 2002, the Part C Program will have a Statewide Ability to Pay Scale, set by DMHMRSAS. |   |                              |